

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Date: 10/13/2016 Type: New Amended (if amending, enter MEC ID C151182 & section changed 2, 3 2. Committee Information Find the Cures Name of Committee 1736 E. Sunshine, Ste 600, Springfield, MO 65804 Committee Madden City State 8, 7/20 N/A but domiciled in Greene County Official Committee Email Address Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party 3. Treasurer/Deputy Treasurer Information Marcus Leach	
2. Committee Information Find the Cures Name of Committee 1736 E. Sunshine, Ste 600, Springfield, MO 65804)
Find the Cures Name of Committee 1736 E. Sunshine, Ste 600, Springfield, MO 65804 Call 658-0896	
Name of Committee 1736 E. Sunshine, Ste 600, Springfield, MO 65804 Carellia Maillian Address N/A but domiciled in Greene County County Clerk or Board of Election Commissioners Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party 3. Treasurer/Deputy Treasurer Information	
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Marcus Leach	
Treasurer's Name (First & Last) 1736 E. Sunshine, Ste 600, Springfield, MO 65804 (212) 658-0896	
Treasurer's Mailing Address, City, State, & Zip Treasurer's Home Telephone Number Treasurer's Work Telephone Number	
N/A	
Deputy Treasurer's Name (if one appointed) Deputy Treasurer's Email Address (optional)	
Deputy Treasurer's Mailing Address, City, State, & Zip Dep. Treasurer's Home Telephone Number Dep. Treasurer's Home Telephone Number Dep. Treasurer's Work Telephone N	nher
4 Additional Committee Information	
Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Name & Title (if any) Additional Committee Officer's Name & Title (if any)	
Connected Organization's Name (if any) Connected Organization's Mailing Address, City, State, & Zip	
CANDIDATES: Do you have more than one candidate committee? Tyes (refer to instructions on back) No	
5. Official Bank Account Information (required by all committees)	
Name & Mailing Address, City, State, & Zip of Financial Institution	
6. Candidate Supported or Opposed (candidate committees must include self, if candidate)	
Name & Mailing Address, City, State & Zip of Candidate Telephone Number (Candidate Committees Only)	
Election Date Office Sought & Political Subdivision Political Party Support or Oppose	
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)	
Name of Ballot Measure Election Date & Political Subdivision Support or Oppose	
8. Signature(s) Check certification(s) & sign (required by all committees)	
I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSN	٥.
Marcus Leach	
Committee Treasurer Candidate (Candidate Committees Only)	